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ON THE CAUSE OF SUDDEN DEATH IN PARTURIENT WOMEN.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

By William Read, M.D., formerly Physician to the Boston Lying-In Hospital.

In the recent volume of transactions, published by the Obstetrical Society of London (Vol. I., page 214), may be found a short article on this subject, illustrated by two cases. In one, a *post-mortem* examination was made, and a firm clot was found in the heart and pulmonary artery. The other case was similar in its symptoms, but no examination having been made, no verification of the cause was obtained. The reporter, Dr. Draper Mackinder, states that no satisfactory conclusion has been arrived at, with respect to the nature of the affection; and that, upon communicating with Prof. Simpson, he received no additional information, the latter being then engaged in investigating the subject.

That these cases should have made a deep impression upon the reporter's mind, is not to be wondered at when we consider the facts. Two mothers, who had survived the ordinary dangers of childbirth long enough to apparently place them beyond the reach of complications arising therefrom, were, with scarcely a moment's warning, stricken down by death. Instances of like nature have doubtless occurred to many of the readers of this Journal, and reports of cases, in which the same train of symptoms has occurred, have been made to the writer, but with no satisfactory explanation of the cause. Believing that the principle upon which the avoidance of such accidents is based, is sound, and from a conviction that the subject is one of the very first importance in the treatment of women subsequent to labor, the following article has been prepared, with the hope that by a dissemination of the knowledge of the *cause* of this most untoward result, its occurrence may be prevented. Prof. Meigs, of Philadelphia, has borne the amplest testimony on this point in his treatise on obstetrics, in which, under the term *Heart-clot,* he has treated of the effect of the parturient hæmorrhage in producing the condition, which, to so great an extent, predisposes the patient to this affection. (" Obstetrics; the Science and the Art." Philadelphia, 1852. P. 348 *et seq.*)

The effect of depletion in any way, by general or local bleeding, to increase the crassamentum of the blood, and its disposition to coagulate, is well known. The mere amount of blood lost is no measure of this aptitude, for some constitutions will resist its effects, to a degree greatly exceeding that which others can endure. This fact every obstetrician is fully cognizant of. The longer the hæmorrhage goes on, the greater also becomes the liability to it, so that either by the quantity lost, the length of time the flow lasts, or by the peculiarity of the individual case, every woman in childbirth becomes more or less obnoxious to its effects.

Fainting is caused by the diminished tension of the vessels in the sensorium, and loss of blood, by inducing this condition, brings it on. " But—and this is the danger—if she faint badly while her blood is become thin and highly coagulable from hæmorrhage, the scarcely moving current partially stops in the heart, and when she comes out of the deliquium, she sometimes does so with a *clot* in the auricle and ventricle—she has got a false polypus in the heart—and she will surely die." This is Prof. Meigs's way of stating the case, and it is pregnant with meaning to every one who assumes the charge of the lying-in room.

What are the conditions? A woman is taken in labor—hæmorrhage to a greater or less extent goes on through its course, and at last produces all the effects of a slow draining of the vessels—symptoms of lassitude, faintness and disturbance of the circulation. These vary in every case, but of the general fact of their presence there is no doubt. The blood that remains in the system has been brought, by this cause, to a degree of coagulability that needs only a temporary stop to its flow through the vessels to precipitate it into a clot. Anything, which brings on this cessation of the heart's action, will be sufficient to produce it. But of all, nothing is so likely to induce it as raising the patient into an upright posture, not necessarily on the feet, but to such an extent that the vessels of the brain lose their tension, by the gravitation of the blood to a lower part of the body. With this loss of nervous power at the centre of vitality, the action of the heart stops enough to complete the mischief, and the deed is done. For the sake of more definitely fixing the diagnosis of this affection, the following cases, taken from Prof. Meigs, are here appended.

" A lady was confined, and with a natural labor, giving birth to a healthy child at term. She had lost a good deal of blood with the expulsion of the placenta, which left her weak and pallid. The physician directed her to be kept quiet, so that she had a good day and following night. On the following morning the physician found her in all respects as well as could be wished. Very soon after he had withdrawn from her chamber, she became alarmingly ill, and he was sent for and returned, having been absent about one hour. The pulse was now extremely

> frequent, weak, and small, and it continued so until her death, which took place on the eighteenth or nineteenth day. It was upon the eighteenth day that I was invited to the consultation, and at once formed the opinion that she had a heart-clot as the cause of all her dreadful symptoms, and which, acting as a tampon of the heart, deranged the circulation, respiration, and innervations of the dying lady. After her decease, which occurred the next morning, a white, fibrinous coagulum was found in the right auricle, nearly filling it and projecting through the tricuspid valve into the right ventricle, the tail of the clot whipped into cords by the threshing action of the chordæ tendineæ of the ventricle. The pleura of the right cavity contained a large quantity of serum.
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> "When the physician left his patient's chamber on the morning of the attack, she was well enough; when he returned, after an absence of only one hour, he found her alarmingly ill. She had lost blood in the labor. He had no sooner gone than the nurse took her up, and sat her upon a vessel in bed to pass the urine. She fainted; the blood coagulated in her heart. She did not die outright, but carried on an imperfect circulation outside of the clot, and betwixt it and the walls of the heart. The red matter of the blood was gradually squeezed out from the clot and hurried into the pulmonary artery, together with numerous fragments of the remaining mass of immovable fibrine. Such concrete elements of the blood could not possibly pass through the pulmonic capillaries; whence there arose pulmonary obstructions, pneumonia, pleuritis, and hydrothorax, as the last consequences of the heart-clot. So she died about the nineteenth day.
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> "Towards the end of the year 1848, a primipara gave birth to her child. She was a tall, slender, and very delicate woman. The placenta was not removed. She lost a good deal of blood; probably a large quantity. Between forty and fifty hours after the birth of the child, I was called in, and removed the placenta from the grasp of the cervix, which alone detained it. It was so putrid that the stench of it could not be removed from my hand, by any means that I could employ, for full twenty-four hours. She was pale, and her pulse was somewhat frequent, but not enough so to annoy me. The next day I found her *comfortable*; the milk had come, and she was doing well, though very pale. On the seventh day, she was put into a chair and set before the fire. Immediately she fell sick, was put to bed very ill, and I being hastily called, told her friends that she had formed a heart-clot, because she had been imprudently taken out of bed, set up, and thus made to faint. In that fainting fit the blood lost the vital induction, and coagulated as it died. She died, as any woman may be expected to do who is so treated, under such circumstances of debility and exhaustion."

How important, then, that the period succeeding labor, should be watched with the utmost vigilance—so as to prevent those *performances* which nurses, and patients themselves even, often insist on, against the most direct and positive commands of the attending physician—restraints which they attribute to dogmatism and old bettyism, and which it seems to be, in many cases, a mark of good sense and heroism to infringe. Heroism, indeed! but at what a risk!

The calls of nature press—discomfort, from foul linen and bedclothes, induces a desire for more comfortable appliances—ignorance of the condition of the system, a desire to be considered more *smart* than her friends, or various reasons, prompt the patient to a change of position. She may not suffer, for, by good fortune, her temperament may be one that is not easily affected by the circumstances of her position, and she may escape. But no one can predict this immunity, and wise precaution is none the less needful, on account of the exceptions which may occur. No fixed time can be determined, after which the danger of this complication is past, for this reason—that it is impossible to exactly measure the effect of the hæmorrhage, in any given case, without subjecting the patient to the test—the very thing of all others to be avoided.

The recumbent position, therefore, should be insisted on for such a length of time as will enable the system to recover from the shock of the hæmorrhage resulting from the labor; till we are satisfied by the concomitant symptoms that no danger will result from assuming any desired position. And in this connection, it may be well to consider whether a longer oversight than is generally given to patients in childbed, is not called for by the exigencies of the situation. There may be no need of active medication, but the continued visits of the medical attendant will at least impress on the mind of the patient a necessity for greater caution than if she was left to her own guidance, and that of the nurse—oftentimes the source of much mischief, by routine habits, and ignorant, wrong-headed notions of treatment.

From the connection in which the article noticed comes to us, as one of the printed transactions of a Society numbering amongst its members some of the most eminent obstetricians of the British empire, and from the nature of Prof. Simpson's answer to Dr. Mackinder's inquiry, it is fair to infer that but little is there known, definitely, concerning it, and that the author of the paper is not alone in his want of information regarding its history and cause. It is upon this very point that Prof. Meigs's work will be found to answer every need. The practitioner will there find the whole subject amply and clearly set forth, and with a degree of detail that leaves little to be desired. It is with both pride and pleasure that we point to him as an American authority, and have at this length endeavored to bring the subject before the profession more prominently than it has been heretofore, with the belief that, under Providence, it needs only an appreciative knowledge of the cause of this fatal result, so much to be dreaded, to avoid its occurrence. •

THE PHYSIOLOGICAL ACTION OF CHLORATE OF POTASSA.

[Translated for the Boston Medical and Surgical Journal from a Memoir read by M. E. A. Isambert before the Société de Biologie, 1856—Page 3 of Memoir for that year.]

Dr. Isambert experimented upon himself and others with the following results. He found, 1st, that the chlorate of potash is absorbed and eliminated with great rapidity, and that it is eliminated unchanged (still in the form of a chlorate), and consequently cannot furnish oxygen to the system, as has been supposed. 2d, That the principal channels for its elimination are the salivary glands and kidneys. Traces of it are detected in the saliva within five minutes of its ingestion, and ten minutes later in the urine. At the end of an half hour the process is at its maximum intensity, and it persists from fifteen to thirty-six hours. The duration of the elimination does not seem to depend upon the dose. It was nearly the same with doses ranging from one to twenty grammes daily. Dr. Isambert has detected it in the milk of two nurses who were taking it as a medicine.

He has found it in the nasal mucus, the tears and perspiration. Its presence in the fæcal matters he regards as doubtful, but thinks there is reason for believing that it passes into the bile.

3d. Dr. I. has ascertained the following facts in regard to its physiological action:—

Doses of from one to four grammes daily produced no appreciable results.

Doses of eight or more grammes induced a decided impression, lasting two or three hours; this was accompanied by a saline taste, apparently identical with that of the chlorate of potash. Although less powerful than a mercurial salivation, the results of overstimulation were apparent in a weakness of action of the salivary glands for five or six succeeding days. A slight alteration in the voice was noticed. The intensity of the salivary excitation was proportional to the dose administered.

The only constant effect upon the digestive function was an increase of the appetite. In one case, a slight pyrosis followed the use of a large dose, given in too concentrated solution. It never occasioned diarrhœa, although the fæces were often tinged with green.

In high doses it possessed well-marked diuretic properties. Twenty grammes daily induced frequent micturition, and a slight sense of pain and weight in the lumbar region. The urine, during the whole time of its elimination, was *strongly acid*, and deposited urates abundantly.

It slightly increased the secretion of the pituitary membrane.

Its action upon the respiration, nervous system and circulation (the latter being in a healthy state) was inappreciable. When the circulation was unduly excited, it seemed to exert a sedative influence upon it.

No inconvenient effects have been experienced from taking large doses for several consecutive days. M. Socquet has taken thirty grammes (gr. 450) with impunity.

The facts above stated show that it acts in a manner similar to the iodide of potassium, and has little resemblance in its properties to the alkaline carbonates, among which, as a therapeutic agent, it has been classed.

Dr. Isambert devotes a large portion of his paper to the discussion of the uses to be made of the chlorate of potash in therapeutics. The results are precisely what one would infer from a careful study of its physiological action. C. F. C.

REPORT ON TWENTY-FOUR CASES OF TRACHEOTOMY, PERFORMED IN THE LAST STAGE OF CROUP.

By Dr. Fock.

In this paper Dr. Fock gives an account of the cases of tracheotomy for croup which have occurred in his practice, and that of his colleagues, at the Magdeburg Hospital. He observes that, notwithstanding some of the leading practitioners in Germany—such as Langenbeck, Baum, Roser, and Bardleben—resort to the operation, and recommend it in their lectures, it has obtained no general admission into German practice. Of these 24 cases, 10 were successful, the particulars of both these and the unsuccessful cases being exhibited in a tabular form. To this statement Dr. Fock appends some observations.

1. These cases are decidedly in favor of the operation, inasmuch as it was not resorted to until a stage of the disease when death seemed quite inevitable without it, notwithstanding the persevering employment of the various remedies. The saving ten out of twenty-four children, apparently absolutely condemned to die, cannot be regarded as other than a great success. It is not desired to draw from these facts the conclusion that the operation should be resorted to in every desperate case of croup, although it is very difficult to indicate in which of such cases it should be abstained from. It would be a mistake to estimate the degree of danger alone from the amount of dyspnœa; for even when this becomes suffocative during the operation, success may yet be the result. As a general rule, it may be stated that the most favorable prognosis may be delivered in those cases which exhibit themselves from the first as pure croup, and are attended by constantly increasing paroxysms of dyspnœa; while the contrary is the case when there has been a preliminary bronchial catarrh during several days, and when the child, after seeming to be in a state without any peril, suddenly passes into a condition of actual croup. Either on account of the small quantity of air which enters through the contracted larynx, no bronchial *râle* is produced, or its existence is masked by the laryngeal sounds. The operation is resorted to, and the child in all probability dies with bronchitis and pulmonary œdema. When accompanying the croup, too, a wide-spread bronchitis is observable, the dyspnœa may be more dependent upon the latter than upon the obstruction of the larynx. Pulmonary œdema is probably already present, and death will take place within twenty-four hours after the operation. The difficulty in the performance of auscultation and percussion in these cases is sometimes immense, and may amount to an impossibility. In such instances we can only fall back on the history, and remember that cases of croup in which the disease has become developed with rapidity and violence are more favorable for the operation than those in which it has for some days been preceded by catarrh.

In the latter cases the operation should be declined. Again, the prognosis has always been, within the author's experience, of a favorable character when the depressions below the larynx and at the epigastrium become very marked during inspiration. The exaggerated actions of the inspiratory muscles, especially the accessories, augment such depressions much when the lungs are entirely free, and the obstacle is only placed in the larynx; but the smaller amount of such depression is quite remarkable when there is co-existing pneumonia, extensive bronchitis, or pulmonary œdema. In such cases the probabilities of success are too small to warrant our undertaking an operation. Lastly, the constitution should influence our prognosis. It is decidedly more favorable in thin, long-necked children than in those of an opposite conformation. In determining whether we shall operate in a given case, we have to ascertain whether the after treatment, as regards watchfulness, skilful nursing, &c., can be secured—matters which, however easily provided for in a large town, and in a hospital, may not be attainable in a country district; and yet upon them the result may entirely depend.

2. As to the operation itself, the reporter enters into the details and difficulties of its performance, which we need not repeat. He says he always resorts to chloroform, which renders the operation far more easy of performance; and he has never, even in extreme dyspnœa, found any ill effect to result from its employment. At first the dyspnœa is increased by the inhalation, but the narcosis is speedily established, and then the breathing becomes much calmer than before.—*British and Foreign Medico-Chirurgical Review,* from *Deutsche Klinik,* 1859, Nos. 23, 24, 25.

TWO CASES OF PURPURA.

By J. T. Calhoun, M.D., of Rahway, N. J.

Purpura is by no means a common disease, and the two cases reported below were, as far as my limited reading and the experience of my professional friends go, quite anomalous in their character. Neither of the cases occurred in my practice; yet in one of them I had the misfortune to be the patient, and it was therefore of considerable, yet painful, interest to me.

On the 22d of February last, while in the enjoyment of perfect health, I noticed a painful spot at about the centre of the gastrocnemius muscle of my right leg. I first noticed it during the morning, but thought nothing of it at first. By evening, the pain had so increased, that I could walk but with difficulty. I called the attention of my friend, Dr. Lewis Drake, to it, asking its nature. He deemed it neuralgic or rheumatic; and, as I had been up late the previous evening and exposed to cold, and as I was somewhat subject to neuralgic affections, I acquiesced in the diagnosis. My friend and late preceptor, Dr. Abernethy, who saw me the following day, differed with us, thinking it more likely the result of a strain; but, as the pain and swelling soon extended to the knee and elbow joints, he joined us in the belief that it was rheumatic, and I accordingly commenced a course of treatment for that affection.

Five days after the commencement of my sickness, the distinctive spots of purpura showed themselves upon my right leg, and spread from thence to other parts of the body. They were of a bright, livid, red color, resembling a nævus more than any thing. Before the appearance of the distinctive spots, the affected part swelled, the skin became tense, and the most *intense pain* was experienced in the part. The least touch or motion of the part produced an aggravation of the pain already almost unbearable. The weight of the bedclothes could not be borne, and the slightest jar of the bed was enough to extort a scream. When the swelling had reached its height, which it did in a few hours, the spots of purpura showed themselves. Pressure upon them produced no alteration in color. After remaining for a lesser or greater length of time, the color of the spots gradually commenced to fade, and with their disappearance the swelling and pain subsided. The skin was left of a dirty yellowish color. The different parts of the body were successively attacked. The penis and scrotum, although enormously swollen and covered with purpural spots, pained but little. The pain was worse in the arms and fingers, and, with the exception of the scrotum, less felt in the face than any other part. The eyes were completely closed by the swelling, and the lids became slightly œdematous. From the face, the purpura travelled through the nasal passages to the throat. The uvula and fauces were enormously swollen, so that deglutition was difficult. From the throat it travelled the whole length of the alimentary canal, its progress being marked by the same intense pain. Some dyspnœa was produced when the lungs and heart were slightly affected. When the disease was in the bowels, a slight hemorrhage, amounting to but a drachm or two, took place, and this was the only hemorrhage which occurred during the whole progress. This was the course of the disease, which occupied about a week, recurring successively every week, and each successive attack decreasing in severity and in the number of parts affected.

It continued for six weeks; at the end of which time, though very stiff and lame, I managed to leave the house. But, during the three or four weeks of convalescence, after I left my bed, small patches of purpura would still show themselves, although each successive crop of patches (if I may so term the repeated extravasations) was darker and less livid in color than the preceding. During some of the time I was delirious, and I am disposed to believe that it was due to the disease having appeared in the brain, or its meninges rather, for at other times my head was remarkably unaffected.

I was under the care of Dr. Abernethy, who had the assistance of Drs. Drake, Hough, and several others of my medical friends. No specific treatment was adopted. The various symptoms were treated as they occurred. Pain was relieved by large doses of morphine. The great swelling of the throat, which promised to close it up completely, was abated by inhalation of the vapor of warm milk. Ulcers, which formed upon the fauces and uvula, were touched with the solid argent. nit., and afterwards with a strong solution of the chlorate of potash. The bowels were kept open with laxative doses of magnesia calc. The extreme fetidity of the evacuations was combated by the addition of pulv. carb. ligni to the magnesia. The local application was diluted alcohol, which I fancied afforded a little temporary relief. As the disease assumed a clearly periodic form, sulphate of quinia was given in full doses in the interval between the attacks, but with no observable effect. During the latter stages of the disease, the fingers, without showing any sign of purpural extravasation, would swell, become intensely painful, and throb like a forming paronychia, which indeed they might have been mistaken for. The local application of a plaster of ext. belladonnæ appeared to relieve the pain of them. As debility showed itself in the last stages of the disease, mineral tonics, iron and bark, with sarsaparilla and yellow dock, were freely exhibited. Wine and eggnog were taken in small quantities. The convalescence was slow and tedious; indeed, I could not say that I was convalescent until after a trip to the hills of Massachusetts, which I took about a month since.

Case 2.—This case also occurred in the practice of Dr. Abernethy, to whom I am indebted for the particulars of it. T. L. J. S., æt. 18, was taken in April last, with pain and soreness in his thigh, over the seat of a former fracture. In two or three days, the characteristic extravasations of purpura showed themselves about the knee, and spread from thence to other parts of the body. It is unnecessary to particularize the symptoms, which were the same as in the case described above. The same intense pain was one of the marked symptoms, abating and recurring as in my own case. The viscera of the thorax and abdomen were very extensively and severely affected. A slight hemoptysis, with dyspnœa, attended the attack upon the lungs. When the heart became involved, the patient suffered excruciating pain, which was so severe as to be almost unbearable. Slight hemorrhage from the bowels took place; but from the bladder was the most blood lost. Large quantities were passed with the urine. The treatment was substantially the same. Blisters over the heart and bladder relieved the pain when other means failed. The hemorrhage was controlled by the internal administration of ol. terebinth. Convalescence is not yet fully established, and the patient is now at the sea-shore, improving slowly. Patches of purpura occasionally show themselves, but not accompanied by the painful symptoms. In the first case, the spots appeared in uniform diffused patches; but in this case they were occasionally seen in stripes, looking as if the patient had been severely cowhided.

Without attempting to draw any deductions from the two cases, I wish to call the reader's attention to their striking similarity in certain respects. Both patients were attacked by the disease when in perfect health. As regards myself, I never felt better in my life than just before I felt the pain in the calf of my leg. Both were attended by *pain of the most agonizing description*, and in both the successive attacks assumed periodicity, yet could not be controlled by anti-periodics. I believe that to purpura no definite cause has, as yet, been authoritatively assigned; but in these two cases there may be a fact which shall serve to throw some light upon the subject. *Vegetables formed no part of the diet of either of the patients.* I do not think, that, during the winter months, I tasted vegetables over two or three times. I ate considerable fresh meat, and also pies and cake, of which I was very fond. Of them my diet was almost wholly composed. Vegetables I did not like; in fact, I had a positive aversion to nearly every thing of the kind. The same strange idiosyncracy, or eccentricity, characterized the other patient. He lived almost entirely upon cake and pastry. Whether this diet had anything to do with the production of the disease (which was clearly purpura, and not scurvy—a disease which such diet would be more apt to produce), is more than I can determine. My friend, Dr. E. M. Hunt, of Metuchin, informs me that he had a mild case of purpura in an insane woman, who would eat nothing but cheese. Since my recovery, I have with some difficulty taken to a mixed diet; but I did not see that it hastened convalescence, which was tedious enough.—*Med. and Surg. Reporter.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

July 9th.—*Diabetes Mellitus.* Dr. Ezra Palmer reported the following case, which, he remarked, was interesting on account of the extreme youth of the patient, and the rapidity with which the disease progressed.

Death occurred June 13th, 1860, at which date the subject, a boy, was 3 years, 2 months and 12 days old. Previous to the commencement of this disease there had been an unusual exemption from illness of every kind. The expected troubles of childhood, such as scarlet fever, measles, whooping cough, &c., had not appeared. Dentition was easily passed. The only sickness at all worthy of the name was a slight croupy attack in February last, which readily yielded. Therefore the patient had not been injured by disease or fossilized by drugs.

Symptoms of ill health manifested themselves but fifty days before death. They rapidly became very marked in character. They consisted in extreme thirst, a dry but cool skin, increasing urine, ravenous appetite, incipient emaciation, failing strength.

The average quantity of urine emitted in twenty-four hours was seventy ounces. Now as adults achieve in the same time thirty-five ounces, this patient of 3 years accomplished twice the quantity of adult life. But as children void more urine, proportionally, than adults, Dr. Palmer regarded the probable quantity of a child of 3 years as half the quantity of adult life. This patient, then, secreted four times the normal quantity. The color of the urine was of a light corn or straw shade. It contained no albumen. Uric acid was abundant. Its specific gravity was 1052, that of water being 1000, and that of healthy urine being in the neighborhood of 1010. Sugar was present in the proportion of ten per cent. Every one hundred grains of urine yielded ten grains of grape sugar. Now, as seventy ounces of urine were voided daily, it follows that seven ounces, or nearly half a pound, avoirdupois, of sugar, or more by weight than the child eat of solid food, passed daily through his urinary organs.

The preservative power of sugar was illustrated in connection with this case. Twenty days since, Dr. P. opened a bottle of this patient's urine, not tightly corked, which had been in his possession for forty days of summer weather, and found no evidence whatever of putrefaction. To-day, he found that the same sample had become, by the absorption of oxygen from the atmosphere, acetic acid.

Along with its troublesome symptoms, this disease has one compensating characteristic. He referred to the sweet, continued and untroubled sleep enjoyed by the patient. So productive of comfort is this phenomenon, especially in excitable, ill-tempered individuals, that an old, irritable friend of his, afflicted with the disease, regards it as a blessing, and declares, with strong and emphatic affirmations, that he would not get well if he could.

The termination of this disease is always the same. Whether the case has extended through years, or been limited to a few weeks, a rapid sinking at the last must always be anticipated. Such has Dr. P. found to be the case in some eight observations. A common history applies to the termination of them all. The patient appears quite at his ease—as well, perhaps, as for weeks. Friends even think him actually improving, when down he slides, with rapid prostration. Coma, to a greater or less extent, ensues; urine ceases to be voided ; the catheter informs you that the bladder contains none ; drink is no longer demanded ; the bowels cannot be moved, either by fair means or foul ; the breathing becomes rapid and stertorous, the chest heaves rapidly. This condition may last from one to three days before death ensues.

July 9th.—*Hæmorrhage from a Melanotic Eye.* Dr. Bethune said that on the 28th of June, a man was brought into the Eye and Ear Infirmary, bleeding profusely from the left eye. On examination, it was found that the organ was affected with melanosis. The man stated that he lost the sight of the eye three years ago. For a year past it had constantly enlarged. The hæmorrhage occurred suddenly that morning. Dr. Bethune removed the eye, which was not greatly enlarged, but much protruded, the operation being rendered somewhat difficult on account of the complete disorganization and softness of the tissues. Very little blood was lost during the operation, but bleeding afterwards took place from the deep portion of the orbit. This was checked, but continued to ooze for two days, when it was stopped. The fungous growth had pierced the sclerotic at the outer side of the eye. Although Dr. B. had removed some ten or twelve melanotic eyes, this was the first case he recollected of hæmorrhage from the eye, and he thought it a rare accident.

JULY 23d.—*Calculus, partly Siliceous, from the Urethra of an Ox.*—Dr. BACON reported the analysis.

The calculus weighs 8½ grains, and measures 7 lines by 3, being of an irregular shape. It is slightly tuberculated, and is mostly covered by a thin, smooth crust, like a glaze. This has a peculiar semi-metallic or iridescent lustre, and is made up of several very thin laminæ. The interior, so far as exposed, is composed of thicker layers, of a whitish color.

Portions from the shining crust, and from layers near the surface, were analyzed. They consist of carbonate of lime chiefly, with silicic acid, phosphate of lime and organic matter. The silica forms the principal constituent of some of the laminæ, and is not found in others.

In its history and general characters, this calculus resembles one presented to this Society in 1857, by Dr. Kneeland, and of which the analysis is reported in Vol. III. of Extracts from the Records, p. 150. The proportion of silica was larger in that specimen.

JULY 23d.—*Pleurisy in a Boy* 13 *years of age.*—Dr. FIFIELD, of Weymouth, reported the case.

The patient was William Mills, aged 13 years, who had been since birth of a very vigorous and robust constitution, never fat, but sinewy, with lean hard muscles. He is not known to have been affected with any illness whatever, in infancy or childhood. Hot or cold, wet or dry, no weather ever seemed to bring any evil to him. His parents are of the Scotch-Irish race, equally hardy.

In February last, it was noticed that he was losing flesh and getting pale. Sometimes he complained of pain in the stomach, but this would soon pass away. Never any cough. In April and May he had grown quite thin, and said that when required to stand up to recite with his class in school, he felt tired and was glad when the exercise was finished. In the latter part of May, he tried to work in a twine factory, but was not able. Still he could run about after the cow and work in the garden. His appetite was quite poor.

On the evening of the 11th of June, I was called to visit him. I found him lying in bed, partly unconscious. By shouting in his ear, he could be roused sufficiently to answer a question, and then relapse into his former state. He complained of great pain in the head. Pupils rather contracted. Skin burning hot. Pulse 120, full and hard. The parents said that he had complained of headache for two or three days, but on this afternoon he had gone up stairs and thrown himself on the bed, where his mother found him in his present condition. Before my arrival he had been delirious, getting out of bed and making water on the floor. The body generally quite emaciated. After some hesitation as to the propriety of venesection in so thin a subject, I bled him a pint. Whilst the blood was flowing he recovered his consciousness, knew me, and said his head felt a great deal better. After bleeding, I ordered a dose of calomel and jalap. Cold to be applied to the head; hair cut short.

June 12th.—Free from headache, skin still hot; pulse 120, soft, tongue with a light thin white fur, no thirst, no appetite. Abdomen not distended, no gurgling on pressure in cæcal region, no pain on pressure at that spot. Had slept tolerably well. Two dejections. Ordered spt. nit. ether dul. ℥ii., ether chloric ℥ss. M, twenty drops every fourth hour. Although the appearance of the tongue and the condition of the abdomen were opposed to that of typhoid fever, I was content to call the case one of mild typhoid, not convinced myself, however, that it was so. Until the 21st of June, i. e., ten days, the patient continued in about the same state. Skin still hot; pulse ever 120, feeble; tongue cleaner; no rose spots on abdomen; no thirst; sleep good; urine rather scanty; appetite poor; able and willing to get out of bed and sit some time in a chair; no night sweats. At this date I abandoned all idea of typhoid fever, convinced that I must search rigorously for a better explanation of the symptoms. There had not been the slightest dyspnœa. The patient coughed four or five times in the twenty-four hours, expectorating common white mucus. Never any hemoptysis. Looking at the emaciation, the state of the skin, pulse, &c., I was led to think the case one of hectic depending on latent tubercular disease. I determined to examine the chest. The patient sitting up in bed, 1 first tried percussion over the back, astonished to find perfect dulness of left back from base to apex. Front equally flat, not changing by position. Resonance of right side, front and back, good. Upon auscultation, I found strong bronchial respiration throughout the left back. Marked resonance of voice, neither ægophonic nor bronchophonic. In left front, bronchial respiration throughout from apex, with the addition of a light crepitus near the base. Right back, respiration normal. Right front, the same light crepitus as in left and on the same level. The pulsations of heart not seen at the left of the sternum, but well marked at the fifth and sixth intercostal spaces on the right, the apex beating strongly at the epigastrium. Left side of the chest measuring an inch and a half more than the right. Intercostal spaces certainly not in the least pushed out. With all this, no dyspnœa, but walking, bounding about, sleeping on either side.

Diagnosis. Large effusion into cavity of left pleura. No certain evidence of tubercular disease. Ordered, potass. iod., ʒi.; tinct. dig., ʒiv.; aquæ, ℥xii. Teaspoonful three times a day. Omit all other medicine. Good diet, meat of fowls and broths. Puncture advised.

June 25th.—Dr. H. I. Bowditch saw him with me. Dr. B. examined with most marked care, and confirmed the auscultatory and other phenomena observed previously. Upon the question of diagnosis Dr. B. was reserved, thinking that although the cavity of the pleura certainly contained fluid, yet the extent of dulness and of tubular respiration, and the existence of crepitus, might depend on tubercular infiltration of the lung. The prognosis was guarded. In regard to treatment, Dr. B., with that courage and frankness so eminently his characteristic, supported the proposition to puncture the chest, if there was no change in a few days.

June 28th.—Patient sitting up, dressed, eating strawberries; says his appetite is strong and digestion good. Pulse 110. On percussion, I thought I detected a little more resonance over left back for a short space below angle of scapula. Urine plentiful. No cough. Continue medicine.

July 6th.—Patient absent. Had walked a quarter of a mile, to his aunt's, where I found him. Says that he is quite well; denies any cough; is never out of breath "unless the cow runs away!" Upon percussion, resonance quite fair over left back and front. The faint crepitus of expanding lung heard. Bronchial respiration and vocal resonance gone, excepting under left clavicle, where it can be produced by forced respiration. Heart has returned to its normal situation. Pulse 100. Ordered tinct. cinch. comp.

July 14th.—Patient came to my house. Has been at work picking berries. No cough; eats well; pulse 105: weighs 73 pounds: common weight, before illness, 83 pounds. Percussion over back and front less resonant than before. Respiration as before. Chest measures half an inch more on left side than on right.

July 21st.—Came to my office. Now weighs 79½ pounds. Pulse 105. Percussion better than before. No tubular respiration to be heard. Respiratory murmur distinct in left chest, excepting at base.

Bibliographical Notices.

The Action and Sounds of the Heart; a Physiological Essay. By Geo. Brittan Halford, M.D., &c. London: John Churchill. 1859.

In a pamphlet of 47 pages, bearing the above title, Dr. Halford has concisely given the results of much careful and well-directed study of his subject. For those who lack time or opportunity to read it, the following imperfect summary of his conclusions may prove interesting.

Dr. Halford's treatise is in two parts: the first, an inquiry into the action of the heart; the second, devoted to an investigation of the cause of the sounds developed during its action.

Part I. opens with the following sentences: "It is singular that all previous inquirers into the subject of the heart's movements, from Harvey downwards, have first removed the pericardium, and then made their observations. By this proceeding they have been confused, for before the removal of the pericardium the motion of the entire organ is natural, i. e., peristaltic; but after it loses its investing membrane it may be truly said to wabble, i. e., to have an uncertain or unequal motion." After farther illustration of this position, Dr. Halford introduces an extract from a paper published in the *Lancet* (February 8, 1834) by Mr. Bryan. This gentleman's conclusions were drawn from a purely theoretical view of the subject, and may be briefly re-stated as follows:—1st. That an hollow muscle contracting to expel liquid contents, naturally assumes a spherical form, and varies greatly in its bulk. 2d. That two such muscles placed in apposition, and subject to alternate contractions (as is the case in the ventricle and auricle of the single heart), would present an ever varying external figure, that would necessarily disturb the adjacent organs. 3d. That this change of external figure is avoided in the economy by giving to the heart a conical form, in which the expansion of the auricle shall exactly fill the space left vacant by the receding base of the contracting ventricle. 4th. That this conical form is preserved, and the heart prevented from obeying the usual law of the contraction of hollow muscles, by the strong muscular bands in its interior and the disposition of its fibres.

Dr. Halford's experiments were upon asses and dogs. He removed the anterior wall of the thorax, kept up artificial respiration, and through the semi-transparent pericardium made the following observations:—

1st. The action of the heart is perfectly smooth and regular, not conveying the idea of impulse or beat. On lightly touching the ventricle, an apparent blow is felt. The "sounds" are readily distinguished by the stethoscope.

2d. The removal of the pericardial fluid renders the action tumultuous, the sounds louder, &c.

3d. The first sound occurs during the contraction of the ventricles—the second immediately after, while the auricles are filling. "It is necessary now to bear in mind, that the ascending portion of the arch of the aorta and the commencement of the pulmonary artery must be looked upon as heart when speaking of the movements of the latter, for they are equally contained within the pericardium.

"4th. During the systole, or contraction of the ventricles, the base of the heart approaches the apex; the latter, at the same time, is pressed downwards, backwards, and from right to left, describing part of a circle; the ventricles, assuming a contracted globular form, descend, describing also part of a circle, but passing forward and from right to left. There is also a forward movement of the left ventricle, above the apex, from left to right. These minor movements must be seen, they cannot well be described; but the facts of importance to be remembered are, that, when the ventricles contract, their bases descend towards the apex, and the latter is not tilted forward so as to give any blow to the thoracic walls, but is pressed downwards, its extremity being directed backwards and from right to left.

"5th. The ventricles contracting, the auricles simultaneously receive blood, and then occupy part of the space within the pericardium previously taken up by the ventricles in their relaxed distended state.

"6th. With each contraction of the ventricles and descent of their bases, the pericardial portions of the aorta and pulmonary artery become suddenly greatly elongated and distended, and, as suddenly, by their elasticity, react upon their contents, becoming of uniform calibre, but visibly distending the sinuses of Valsalva. The venæ cavæ are similarly distended during the contraction of the auricles.

"7th. The finger and thumb, spanning the diameter of the ventricles, are perceptibly further separated during the contraction of the ventricles, and approximated during their relaxation.

"8th. The same apparent blow is felt over every part of the ventricles during their contraction, but more forcibly over the centre. The impulse at the ribs is most probably given by the fibres just above the apex.

"9th. The apex is the most fixed part of the heart."

Dr. Halford considers these observations (the more important of which are quoted directly from his work) to establish the compensation theory of Bryant already referred to. He, however, says there is a slight change in the outline of the pericardium at the instant of ventricular contraction, "causing the impulse which has erroneously been attributed to the tilting forward of the apex, whereas it may be caused by any portion of the ventricles in contact with the thorax or diaphragm."

This impulse is the reaction of the force necessary to overcome the inertia of the column of blood resting upon the aortic valves, and it is well known how greatly it may be increased when disease of the valves adds to this resistance that due to a mechanical obstruction of the flow of the blood.

"We must, then, not forget, in our physical examinations of patients, that any part of the ventricle in contact with the chest walls will give, during contraction, an impulse."

The following extracts contain the results of experiments upon the action of the auriculo-ventricular valves. "The auricles contracting on the blood, the force of their contraction is transmitted by the blood in all directions, separating the flaps of the valves, distending the ventricles, and (the semi-lunar valves being shut down) pressing as much upwards and backwards as downwards and onwards. The force not being sufficient to raise the semilunar valves, is expended in distending the ventricles, and raising and closing the auriculo-ventricular valves."

This "valve forms a perfect septum between the auricle and ventricle as soon as the latter becomes distended, and is kept in this position during the whole ventricular systole by its own proper muscles (musculi papillares), which, by contracting simultaneously with the descent of the base of the ventricle, prevent the eversion of the valve into the auricle."

Part II. is devoted to an investigation of the cause of the first sound of the heart, and a criticism of the experiments and conclusions of previous observers. Dr. Halford demonstrates, most conclusively, that it is entirely owing to the sudden tension of the auriculo-ventricular valves. Space is wanting to even cite the character of his methods of inquiry, but the fact may possess novelty as well as interest to many who read this—that in birds which have the right auriculo-ventricular valve replaced by a muscular ring, the first sound is comparatively feeble; and in reptiles where there are no tendinous valves between the auricles and ventricles, the first sound does not exist.

A careful perusal of Dr. H.'s little treatise will repay any one who has the slightest interest in physiological science. C. F. C.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 9, 1860.

Death of Dr. Addison.—The decease of this distinguished physician is recorded in the late London journals. He died at Brighton, on Friday, June 29th, within a few months of Drs. Bright and Todd, the death of the latter, it is said, having been the immediate cause of the despondency which continued to the close of his life. We learn from the *Medical Times and Gazette* that he was about 67 years of age, having been born near Newcastle about 1793. He took his degree in Edinburgh, in 1815, and immediately removed to London, where he soon became distinguished for his zeal and industry in various departments of medical science. In 1837, he was appointed physician to Guy's Hospital, and subsequently joined Dr. Bright in the chair of medicine.

It is not necessary to add that, by the death of this eminent physician, the profession has lost one of its brightest ornaments. Although his contributions to medical literature were not numerous, his name will be forever associated with one of the most important discoveries of the time—that of the connection between a certain diseased condition of the supra-renal capsules and a peculiar discoloration of the skin. This disease, called by him *melasma supra-renale*, has, since its recognition in France, been known as *morbus Addisonii*, a name very properly suggested by M. Trousseau.

With regard to the professional character of Dr. Addison, it is said that none ever stood higher. Free from everything like jealousy or ill will against any man, he will long be remembered not less for his highly honorable bearing towards all with whom he came in contact, than for the distinction which he earned in the annals of pathological science.

BOYLSTON PRIZE ESSAYS FOR 1860.—By referring to the advertisement of the Boylston Medical Committee, it will be seen that a premium of ninety dollars was awarded to Dr. John Bell, of New York, for the best dissertation on the question, "How far does the Microscope assist us in Surgical Diagnosis?"

The other premium, of the same value, was awarded to Dr. David W. Cheever, of Boston, for the best dissertation on "The Value and Fallacy of Statistics in the Observation of Disease."

It will be noticed that the first question above named, although the subject of a successful essay the present year, marked by much ability, has been again proposed for 1862, as it is one of great importance, and worthy of a still further and fuller investigation.

WE much regret that we should have given occasion for the following note from Dr. Thayer. The account of the proceedings at the meeting of the Vermont Medical Society was taken from a paper sent to us as containing, we supposed, an authentic record. It now appears that the statement represented to have been made with regard to Dr. Thayer's extract of veratrum viride, was either not made, or if so made, was unauthorized. Without for a moment supposing that any injury can accrue to Dr. T. from this mis-statement, the importance of a clear and faithful record of the doings and sayings of medical societies, properly certified before publication, cannot be too strongly urged.

MESSRS. EDITORS,—We see in your last issue the following statement:—"The agent of Dr. Thayer told Dr. Knight that his preparation [of veratrum viride] was made with garget or poke." We have but one agent. He is an experienced pharmaceutist and a truthful man. He knows very well that all our fluid extracts are made from legitimate raw material, and he *never made such an absurd statement.* With regard to the fact, our extract of veratrum viride is made from American hellebore, *veratrum viride*, sometimes called, according to the Dispensatory, *Indian poke, poke root*, while our fluid extract of "garget or poke" is made from the root of Phytolacca decandra. An examination of the two samples sent will settle the question. Respectfully,

Cambridge, August 3d, 1860. HENRY THAYER & CO.

HONOR TO M. GROUX.—We are glad to learn that at the late commencement at Dartmouth College, the honorary degree of Doctor of Medicine was conferred upon M. Eugene A. Groux, whom our readers will remember as presenting the anatomical peculiarity, almost unique in character, of a congenital fissure of the sternum.

We are quite sure the profession will agree with us in considering this honor as a well deserved compliment to M. Groux for his devotion to the interests of science in this and other countries, as evinced by his careful study of his own case, and the expense incurred in visiting the various institutions of Europe and the United States.

As an evidence of his disinterestedness, it will be recollected that while in this country he made a will, bequeathing his remains, his instruments and books, for the benefit of the medical profession, in case of his death before leaving our shores—a circumstance which seemed not improbable to many of his friends, from the feebleness and delicacy of his organization, and the condition of his general health.

It is rare that in this country an honorary degree is so worthily bestowed, and it will be especially prized as coming from one of our most distinguished and time-honored colleges.

MEDICAL MEETING AND DINNER.—The Berkshire District Medical Association met as previously advertised, on the 25th ult., at the residence of the President of the Association, Dr. Clarkson T. Collins, of Great Barrington, and was addressed in an able manner by Dr. E. W Bostwick, of Columbia County, N. Y. Subject of the discourse, Diphtheria—a disease which has prevailed to a considerable extent in Columbia County for the last two years, and which has recently invaded the western border of Berkshire County. After the close of the address, the subject was discussed by Drs. H. H. and Timothy Childs of Pittsfield, Dr. Alexander H. Stevens of New York, Dr. T. K. DeWolf of Chester, Dr. Peck of Sheffield, Dr. Adams of Stockbridge, Dr. Whiting of Lee, Dr. Root of West Stockbridge, and Dr. James Welch of Conn. On motion of Prof. Timothy Childs, it was voted that the thanks of the Society be tendered to the gentleman from Columbia County for his lucid and instructive address.

At half past 2 o'clock, sixty-four persons, including forty-eight physicians, dined at Dr. Collins's Medical Institute, which was opened in Great Barrington in 1853, for the treatment of chronic diseases, and has since been successfully carried on by Dr. C. Speeches were made by many of the more prominent guests, and letters were read from several distinguished gentlemen who were unable to be present. The entertainment is said to have been sumptuous, and the festivities generally seem to have been of unusual interest.

EXTERNAL USE OF CHLOROFORM. *Messrs. Editors,*—I notice in the last number of the JOURNAL, a re-print of a foreign article on this subject. The use there mentioned is by no means new to me, and I supposed was not to others. Some seven years since, I was called out to visit a patient, who, in connection with some uterine disorders, suffered extremely from neuralgic pains. I went feeling myself too ill to give much attention to the case, but finding the pain almost past endurance, I sent to my office for a bottle of chloroform, and applied a sponge saturated with it over the ischiatic plexus, covering it with a napkin. It produced a redness, and, I think, vesication, but I had the pleasure of seeing her in a few moments entirely free from pain, and she remained so for the remainder of that period. I have often used it since, and generally with success, though not always. I have also been in the habit, for several years, of adding it to anodyne liniments, and have found it efficient in its effects on simple neuralgic pains.

I do not consider the effect due to counter-irritation, since that, with mustard, has often failed, when this has proved successful. Counter-irritants had been freely used in the case I first named. It will be of no use, according to my experience, when the pain depends on active inflammation, except as a counter-irritant; but I think it a valuable agent in simple neuralgia, &c. J. H. Nutting, M.D.

Holliston, Mass., August 7th, 1860.

Remarkable Death.—An investigation took place this week in reference to the death of an unknown female, about 50 years of age, under the subjoined very singular circumstances:—About one o'clock on Saturday afternoon last, a house-painter, at work on the premises 39 Woburn Place, Russell Square, noticed the deceased sitting on the door-step of No. 38, with her head resting upon one hand, and a basket of lace by her side. After the lapse of a quarter of an hour, he went to her, and, finding her pale, unable to speak, and apparently dying, he sought for a policeman. Within half an hour after the poor woman was first noticed to sit on the door-step, she had expired. She was removed to University College Hospital, where a *post-mortem* examination, to ascertain the cause of death, was performed by Mr. Andrews, the resident medical officer, who discovered the cause of death to be from the piercing of a fish-bone through the substance of the heart. He found eight wounds in the diaphragm and pericardium, through which, strange to say, the bone had passed before it reached the heart. On a rigid search, he discovered the blunt end of a fish-bone, one inch and three-quarters in length, as sharp as a needle, protruding through the stomach, piercing the heart. The immediate cause of death was loss of blood. The Coroner having remarked upon the singular nature of the case, the jury returned a verdict of "accidental death."—*Medical Times and Gazette.*

False Teeth impacted in the Pharynx.—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Mr. Spence showed a portion of a set of false teeth, fixed in the usual way in a gold plate, which had been swallowed by a man during his sleep, and had become impacted in the pharynx. The teeth had been stopped at the front part of the pharynx, opposite the cricoid cartilage, in such a manner that the posterior part of the pharynx was left quite free, and a probang was passed into the œsophagus without detecting the presence of the foreign body. On putting the finger into the pharynx, however, Mr. Spence readily ascertained the situation in which the false teeth had been caught, and succeeded, with some difficulty, in removing them. This case impressed the caution, that false teeth should not be worn during the night, and that the metal plate should be made to cover more of the gums, so as to take a firmer hold of them. It was of importance to remember, in the detection of foreign bodies in the pharynx, not to trust to the probang without careful examination with the finger.—*Edinburgh Medical Journal.*

Bone-Setters in France.—A child of fifteen months, in the department of Mayenne, lately fell from its sister's arms and injured one of the lower extremities. A bone-setter was called in, who handled the limb rather roughly, declared the thigh-bone was broken, and that he had set it. He then tied a handkerchief, moistened with soap and water, round it, and promised to return in a fortnight, receiving 13*s.* for his trouble. The man, however, did not again make his appearance, and a regular practitioner being called in, he found large abscesses, with the fragments of the femur projecting from them when opened. Several months were necessary to obtain union, with considerable shortening. The bone-setter was then sued by the father, and the verdict was as follows:—A fortnight's imprisonment, £8 fine, £40 damages, and the costs of the medical attendance upon the child.—*London Lancet.*

JOHN HUNTER.—At a large meeting of the John Hunter Statue Committee at the Royal College of Surgeons, on the 6th of June, it was decided that the execution of the marble statue of the immortal Hunter should be entrusted to Mr. Henry Weekes, A.R.A., and that when completed it should be placed in the museum of the College. It is the intention of the committee that Sir Joshua Reynolds's portrait of the great original, his *chef d'œuvre*, should be followed as nearly as possible by the sculptor.—*Ibid.*

DR. CARNOCHAN, of New York, is said to be suffering severely, in his right hand and arm, from the absorption of the dropsical effusion of a patient.——An unusual number of cases of typhus fever are at present under treatment in the New York hospitals.

HEALTH OF BOSTON.—The mortality of the city, during the past week, has reached a higher figure than at any time before this season—not being far, however, as will be seen by a reference to the mortality tables, from the average, as corrected to the increased population, for the corresponding week in the preceding ten years. The sudden rise in the mortality rate is mainly due to cholera infantum and dysentery, both of which seem to be rapidly on the increase. Deaths from consumption were also unusually numerous.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 4th, 1860.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week, ...	48	66	114
Average Mortality of the corresponding weeks of the ten years, 1850–1860,	50.5	49.7	100.2
Average corrected to increased population, ...	..	..	114.3
Deaths of persons above 90, ...	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Infantum.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	Dysentery.
19	23	1	2	0	0	7

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . .	30.031	Highest point of Thermometer, . . .	82°
Highest point of Barometer, . .	30.234	Lowest point of Thermometer, . . .	57°
Lowest point of Barometer, . . .	29.728	General direction of Wind, . . .	Westerly.
Mean Temperature, ...	70°.1	Whole am't of Rain in the week . .	1.786 in.

MARRIED,—At Tipton, Iowa, William E. Dowd, M.D., of Holland, Michigan, to Miss Helen M. Hammond, of Tipton.

DIED,—In Ellsworth, Me., Dr. Asa McAllister, aged 54.

Deaths in Boston for the week ending Saturday noon, August 4th, 114. Males, 48—Females, 66.—Abscess (of hip), 1—inflammation of the bowels, 2—ulceration of the bowels, 2—congestion of the brain, 1—disease of the brain, 2—bronchitis, 1—cancer (of stomach), 1—cholera infantum, 23—cholera morbus, 4—consumption, 19—convulsions, 2—cyanosis, 1—debility, 3—diarrhœa, 1—diphtheria, 1—infantile diseases, 2—dropsy of the brain, 3—drowned, 3—dysentery, 7—epilepsy, 1—scarlet fever, 1—disease of the heart, 1—malformation of the heart, 1—hæmorrhage, 1—disease of the hip, 1—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 1—disease of the lungs, 3—inflammation of the lungs, 2—marasmus, 4—old age, 3—paralysis, 3—disease of the stomach, 1—strangulation (internal), 1—suicide, 1—tetanus, 1—unknown, 6.

Under 5 years, 60—between 5 and 20 years, 10—between 20 and 40 years, 25—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 86—Ireland, 22—other places, 6.